

Annually Assessed Mobile Home Worksheet

Parcel #		OWNERSHIP										M.H. Make:										
County												M.H. Year:										
Township												M.H. Serial NO. #:										
Corporation												Mfg. Size:										
District																						
Section and Plat																						
Routing number																						
Neighborhood code																						
Property Address:		Park Name:				Primary Residence		Yes	No	Homestead		Yes	No									
Roofing		Partial or Full Triple-wide		VALUATION RECORD																		
Asphalt Shingles	Base Price Unit #1			Assessment Year		20____		20____		20____		20____										
Metal	Base Price Unit # 2			True Tax Value Mobile Home		(+)																
	Base Price Unit # 3			True Tax Value Res. Imp.		(+)																
Floors		Base Price Totals		True Tax Value Non-Res. Imp.		(+)																
Wood	Triple-wide Factor	85%		True Tax Value Non-Res. Imp.		(+)																
Parquet	Sub-Total				TOTAL ASSESSED VALUE																	
Tile																						
Carpet	Single-wide w/Extension																					
Unfinished	Base Price																					
	Base Price Extension																					
SUMMARY OF RESIDENTIAL IMPROVEMENTS																						
Interior Finish		Sub-Total		ID	Use	Story Hgt.	Const. Type	Grade	Year Const.	Eff Age	Cond.	Base Rate	Features	L / M	Adj. Rate	Size Area	Replacement Cost	Total Depr.	Remainder Value	% Comp	Improvement Value	
Plaster or Dry Wall				01																		
Paneling		Single-wide		02																		
Fiberboard		Base Price		03																		
		Sub-Total		04																		
Accommodations																						
Total Number of Rooms	Base Price Adjustments			Total True Tax Value - Residential Improvements																		
Bedrooms		Fireplace (+)		SUMMARY OF NON-RESIDENTIAL IMPROVEMENTS																		
Living Rooms		No Heat (-)		ID	Use	Story Hgt.	Const. Type	Grade	Year Const.	Eff Age	Cond.	Base Rate	Features	L / M	Adj. Rate	Size Area	Replacement Cost	Total Depr.	Remainder Value	% Comp	Improvement Value	
Formal Dining Rooms		Air Conditioning (+)		01																		
Family Rooms		Plumbing		02																		
Fire Places		TF: ____ -5= ____ x700		03																		
Masonry	Stacks	Skirting (+)		04																		
Metal	Openings	Mfg. Room Addition (+)																				
Mfg. Room Addition		SUB-TOTAL:		Total True Tax Value - Non-Residential Improvements																		
Type: TO RO PO	Grade & Design Factor		SCHEDULE FOR CALCULATING MOBILE HOME TRUE TAX VALUE																			
Size: ____ x ____	Replacement Cost																					
Skirting		Heat & Air		Plumbing	#	TF	Assessment Year		20____		20____		20____		20____							
None	Central Warm Air			Full Bath			Mobile Home Repl. Cost															
Full Perimeter	Hot Water or Steam			Half Bath			Mobile Home Depreciation															
Number of Linear Ft.	Heat Pump			Kitchen Sink																		
Mobile Home Condition		NO HEAT		Water Heater																		
Average	Gravity, Wall, Space			Extra Fixture			Total True Tax Value M.H.															
	Central Air Cond.			TOTAL																		